

**UTAH DEPARTMENT OF HEALTH
BUREAU OF LICENSING
HEALTH FACILITY UNIT**

File No._____

REQUEST FOR AGENCY ACTION/VARIANCE APPLICATION

In accordance with Title 26, Chapter 21, Utah Code Annotated and Rule 432-2-18, Utah Department of Health Rules for health care facilities, a Request for Agency Action is made for a variance to licensure rule and/or standards.

I. IDENTIFYING INFORMATION:

A. NAME OF FACILITY _____ TELEPHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

2. Rule number (include title and section) from which the variance is being requested:

C. Time period for which the variance is requested:

D. IS THE FACILITY CURRENTLY LICENSED? YES ☐ NO ☐

IF YES, EXPIRATION DATE: _____

IF NO, ANTICIPATED APPLICATION DATE: _____

II. FACTS FORMING BASIS FOR VARIANCE:

1. The specific reason for the request including why compliance with the rule cannot be accomplished:

B. EXPLAIN HOW THE HEALTH AND SAFETY OF THE PATIENTS/RESIDENTS WILL BE MAINTAINED IF THE VARIANCE IS GRANTED:

C. IF THE VARIANCE INVOLVES THE PHYSICAL STRUCTURE OR EQUIPMENT, DESCRIBE THE SPECIFIC LOCATION WITHIN THE FACILITY IN WHICH THE VARIANCE WILL BE UTILIZED:

III. NOTIFICATION OF INTERESTED PARTIES:

This request for variance has been mailed to the following parties:

Name

Address

IV CERTIFICATION OF REQUEST:

Name _____ Title _____

Signature _____ Date _____